

**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/630.223
Filing Date	July 30, 2003
First Named Inventor	Michon, Francis
Title	CHIMERIC MULTIVALENT POLYSACCHARIDE CONJUGATE VACCINES
Art Unit	
Examiner Name	
Attorney Docket Number	2324-6052US1 (formerly 20695C-001410US)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27123

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name

Morgan & Finnegan, L.L.P.

Address 3 WORLD FINANCIAL CENTER

City NEW YORK State NY Zip 10281-2101

Country USA

Telephone 212-415-8700

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3-16-06
Name	Michael C. Schiffer	Telephone	949-474-6405
Title and Company	Additional Authorized Representative, Baxter Healthcare SA		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: FRANCIS MICHON et al.Application No./Patent No./Control No.: 10/630,223 Filed/Issue Date: JULY 30, 2003Entitled: CHIMERIC MULTIVALENT POLYSACCHARIDE CONJUGATE VACCINESBAXTER HEALTHCARE SA

(Name of Assignee)

a CORPORATION

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is 50 %)

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014209, Frame 0152, or a true copy of the original assignment is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

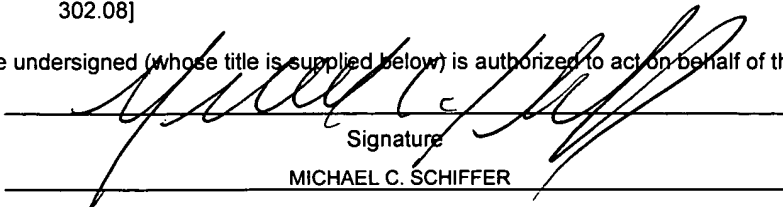
1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at
Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.



Signature
MICHAEL C. SCHIFFER

Printed or Typed Name

3-16-06

Date
949-474-6405

Telephone Number

ADDITIONAL AUTHORIZED REPRESENTATIVE
Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Baxter

Baxter Healthcare SA
Hertistrasse 2
Postfach
CH-8304 Wallisellen

Telefon +41-1-878 60 00
Telefax +41-1-878 63 50

POWER OF ATTORNEY

The undersigned, Baxter Healthcare SA, having its registered office at Hertistrasse 2, CH-8304 Wallisellen, Switzerland, herewith grants power to

Mr. Michael C. Schiffer

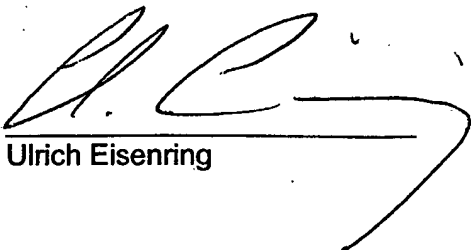
acting individually,

to represent the company in all matters related directly or indirectly to the intellectual property management of the above company, including registrations, transfers, renewals, sale and purchase of patents, copyrights and trademarks ("intellectual property rights") in the name and on behalf of the company, and documents concerning the enforcement of such intellectual property rights, including court and administrative papers and documentation.

The representatives are also authorized to sign all documents, contracts and pieces allowing to complete the operations referred to above, including any contracts concerning the settlement of any litigation enforcing such intellectual property rights.

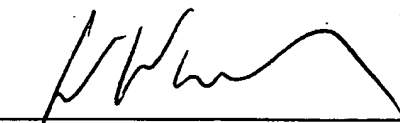
Wallisellen, 18.02.05

Baxter Healthcare SA



Ulrich Eisenring

Baxter Healthcare SA



Nicolas Narbel



**POWER OF ATTORNEY
and
CORRESPONDENCE ADDRESS
INDICATION FORM**

Application Number	10/630.223
Filing Date	July 30, 2003
First Named Inventor	Michon, Francis
Title	CHIMERIC MULTIVALENT POLYSACCHARIDE CONJUGATE VACCINES
Art Unit	
Examiner Name	
Attorney Docket Number	2324-6052US1 (formerly 20695C-001410US)

I hereby revoke all previous powers of attorney given in the above-identified application.

I hereby appoint:

☒ Practitioners associated with the Customer Number:

27123

OR

☐ Practitioner(s) named below:

Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name

Morgan & Finnegan, L.L.P.

Address 3 WORLD FINANCIAL CENTER

City NEW YORK State NY Zip 10281-2101

Country USA

Telephone 212-415-8700

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Signature		Date	3-16-06
Name	Michael C. Schiffer	Telephone	949-474-6405
Title and Company	Additional Authorized Officer, Baxter International Inc.		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☒ *Total of 2 forms are submitted.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

STATEMENT UNDER 37 CFR 3.73(b)Applicant/Patent Owner: FRANCIS MICHON et al.Application No./Patent No./Control No.: 10/630,223 Filed/Issue Date: JULY 30, 2003Entitled: CHIMERIC MULTIVALENT POLYSACCHARIDE CONJUGATE VACCINESBAXTER INTERNATIONAL INC.

(Name of Assignee)

, a CORPORATION

(Type of Assignee: corporation, partnership, university, government agency, etc.)

states that it is:

1. ☐ the assignee of the entire right, title, and interest; or
2. ☒ an assignee of less than the entire right, title and interest
(The extent (by percentage) of its ownership interest is 50 %)

in the patent application/patent identified above by virtue of either:

- A. ☒ An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel 014209, Frame 0152, or a true copy of the original assignment is attached.

OR

- B. ☐ A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:

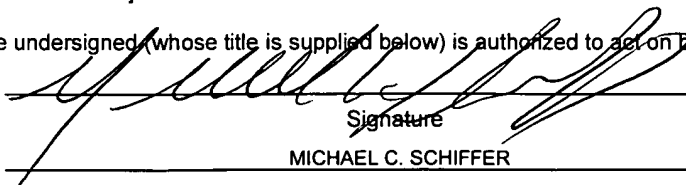
1. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
2. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.
3. From: _____ To: _____
The document was recorded in the United States Patent and Trademark Office at Reel _____, Frame _____, or for which a copy thereof is attached.

☐ Additional documents in the chain of title are listed on a supplemental sheet.

As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11.

[NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.


Signature
MICHAEL C. SCHIFFER

Printed or Typed Name

3-16-06
Date
949-474-6405

Telephone Number

ADDITIONAL AUTHORIZED OFFICER

Title

This collection of information is required by 37 CFR 3.73(b). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



NV-1936(1)
UNITED STATES DEPARTMENT OF COMMERCE
Patent and Trademark Office
ASSISTANT SECRETARY AND COMMISSIONER
OF PATENTS AND TRADEMARKS
Washington, D.C. 20231



* 700057628A *

DECEMBER 22, 2003

PTAS

BAXTER HEALTHCARE CORPORATION
JANICE GUTHRIE
17511 ARMSTRONG AVENUE
IRVINE, CALIFORNIA 92614

UNITED STATES PATENT AND TRADEMARK OFFICE
NOTICE OF RECORDATION OF ASSIGNMENT DOCUMENT

THE ENCLOSED DOCUMENT HAS BEEN RECORDED BY THE ASSIGNMENT DIVISION OF THE U.S. PATENT AND TRADEMARK OFFICE. A COMPLETE MICROFILM COPY IS AVAILABLE AT THE ASSIGNMENT SEARCH ROOM ON THE REEL AND FRAME NUMBER REFERENCED BELOW.

PLEASE REVIEW ALL INFORMATION CONTAINED ON THIS NOTICE. THE INFORMATION CONTAINED ON THIS RECORDATION NOTICE REFLECTS THE DATA PRESENT IN THE PATENT AND TRADEMARK ASSIGNMENT SYSTEM. IF YOU SHOULD FIND ANY ERRORS OR HAVE QUESTIONS CONCERNING THIS NOTICE, YOU MAY CONTACT THE EMPLOYEE WHOSE NAME APPEARS ON THIS NOTICE AT 703-308-9723. PLEASE SEND REQUEST FOR CORRECTION TO: U.S. PATENT AND TRADEMARK OFFICE ASSIGNMENT DIVISION, BOX ASSIGNMENTS, CG-4, 1213 JEFFERSON DAVIS HWY, SUITE 320, WASHINGTON, D.C. 20231.

RECORDATION DATE: 12/19/2003

REEL/FRAME: 014209/0152
NUMBER OF PAGES: 6

BRIEF: ASSIGNMENT OF ASSIGNOR'S INTEREST (SEE DOCUMENT FOR DETAILS).

ASSIGNOR:

MICHON, FRANCIS

DOC DATE: 12/12/2003

ASSIGNOR:

KIM, JOHN

DOC DATE: 12/12/2003

ASSIGNOR:

SARKAR, ARUN

DOC DATE: 12/11/2003

ASSIGNOR:

UITZ, CATHERINE

DOC DATE: 12/12/2003

ASSIGNEE:

BAXTER INTERNATIONAL INC.
ONE BAXTER PARKWAY
DEERFIELD, ILLINOIS 60015

014209/0152 PAGE 2

ASSIGNEE:

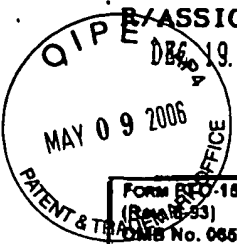
BAXTER HEALTHCARE S.A.
HERTISTRASSE 2
CH-8306 WALLISELLEN KANTON ZURICH

SWITZERLAND

SERIAL NUMBER: 10630223
PATENT NUMBER:

FILING DATE: 07/30/2003
ISSUE DATE:

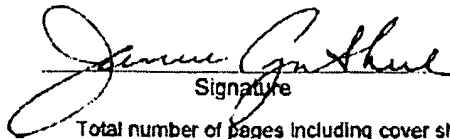
TARA WASHINGTON, EXAMINER
ASSIGNMENT DIVISION
OFFICE OF PUBLIC RECORDS



ASSIGNMENTS
DEC 19. 2003 9:56AM

12/24/03 11:51 PAGE 4/5
LAW 1 - ARMSTRONG 949 474 6330
12/19/2003
700057629

10, 269 2/7

Form BPO-1895 (Rev. 8-93) Form No. 0651-0011 (exp. 4/94)		U.S. DEPARTMENT OF COMMERCE Patent and Trademark Office	
RECORDATION FORM COVER SHEET PATENTS ONLY			
Docket No. NV-1936(1)			
To the Honorable Commissioner of Patents and Trademarks. Please record the attached original documents or copy thereof.			
1. Name of conveying party(ies): FRANCIS MICHON JOHN KIM ARUN SARKAR CATHERINE UITZ Additional Name(s) of conveying party(ies) attached? yes <input type="checkbox"/> no <input checked="" type="checkbox"/>		2. Name and address of receiving party(ies): Name: Baxter International Inc. Internal Address: One Baxter Parkway Deerfield, IL 60015, USA	
3. Nature of Conveyance: <input checked="" type="checkbox"/> Assignment <input type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other Execution Date(s): 12122003, 12122003, 12112003 and 12122003		Street Address: One Baxter Parkway Deerfield, IL 60015, USA Additional name(s) & address(es) attached? <input checked="" type="checkbox"/> yes <input type="checkbox"/> no (see attached sheet)	
4. Application number(s) or patent number(s): If this document is being filed together with a new application, the execution date of the application is: _____ A. Patent Application No.(s) 10/630,223 B. Patent No.(s) _____ Additional numbers attached? <input type="checkbox"/> yes <input checked="" type="checkbox"/> no			
5. Name and address of party to whom correspondence concerning document should be mailed: Name: Janice Guthrie Internal Address: Baxter Healthcare Corporation P.O. Box 15210 Irvine, California 92623-5210 Street Address: 17511 Armstrong Avenue Irvine, California 92614		6. Total number of applications and patents involved: [1] 7. Total fee (37 CFR 3.41)..... \$40.00 <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: 02-1437	
DO NOT USE THIS SPACE			
9. Statement and signature. To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Janice Guthrie, Reg. No. 35,170 Name of Person Signing  Signature 12/18/03 Date Total number of pages including cover sheet, attachments and document: [6]			

CH \$40.00 021437 10630223

Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231

Docket No. NV-1936(1)

Serial No. 10/630,223

Page 2

RECORDATION FORM COVER SHEET
(Continuation sheet)**BOX 2 – CONTINUED**

Additional Names and Addresses of Receiving Parties:

Name: **Baxter Healthcare S.A.**Internal Address: **Hertistrasse 2
CH-8306 Wallisellen
Kanton Zurich, Switzerland**Street Address: **Hertistrasse 2
CH-8306 Wallisellen
Kanton Zurich, Switzerland**

**Mail documents to be recorded with required cover sheet information to:
Commissioner of Patents & Trademarks, Box Assignments
Washington, D.C. 20231**

Baxter

NV-1936(1)
ASSIGNMENT
(Joint Inventors)

Serial No. 10/630,223

Filed July 30, 2003

For good and valuable considerations, the receipt and sufficiency whereof are hereby acknowledged, we hereby assign to **BAXTER INTERNATIONAL INC.**, a corporation of Delaware, having a principal place of business at Deerfield, Illinois, its successors, legal representatives and assigns, and **BAXTER HEALTHCARE S.A.**, a corporation of Switzerland, having a principal place of business at Zurich, Switzerland, its successors, legal representatives and assigns (hereinafter jointly referred to as "ASSIGNEE") the entire right, title and interest throughout the world in our invention or improvements in

CHIMERIC MULTIVALENT POLYSACCHARIDE CONJUGATE VACCINES

and in the application for Letters Patent of the United States therefor, executed by each of us individually on or before the date(s) indicated below and any and all other United States applications and applications in any and all countries which we may file, either solely or jointly with others, on said invention or improvements, and in any and all Letters Patent of the United States or of any other country which may be obtained on any of the said applications, and in any reissue or extension thereof.

We hereby authorize and request the Commissioner of patents to issue said Letters Patent to said ASSIGNEE.

We hereby authorize and request the attorneys of record in said application to insert in this assignment the date and serial number of said application when officially known.

We warrant ourselves to be the owners of the interest herein assigned and to have the right to make this assignment; and further warrant that there are no outstanding prior assignments, licenses, or other rights in the interest herein assigned.

For said considerations we hereby agree, upon the request and at the expense of said assignee, its successors, legal representatives and assigns, to execute any and all divisional, continuation, and renewal applications for said invention or improvements, and any necessary oath or supplemental oath or affidavit relating thereto, and any application for the reissue or extension of any Letters Patent that may be granted upon said application that said assignee, its successors, legal representatives and assigns may deem necessary or expedient, and for the said considerations we further agree, upon the request of said assignee, its successors, legal representatives and assigns, in the event of said application or any division thereof, or Letters Patent issued thereon, or any reissue or application for the reissue thereof becoming involved in interference, to cooperate to the best of our ability with said assignee, its successors, legal representatives and assigns in the matters of preparing and executing the preliminary statement and giving and producing evidence in support thereof. We further agree to perform, upon such request, any and all affirmative acts to obtain Letters Patent, and vest all rights therein hereby conveyed in the said assignee, its successors, legal representatives and assigns whereby said Letters Patent will be held and enjoyed by the said assignee, its successors, legal

representatives and assigns to the end of the term for which said Letters Patent may be granted as fully and entirely as the same would have been held and enjoyed by us if this assignment and sale had not been made, and for the said considerations we hereby also assign to said assignee, its successors, legal representatives and assigns the entire right, title and interest in said invention or improvements for any and all foreign countries and the right of priority for patent and utility model applications in all countries arising under any applicable international convention for the protection of industrial property and/or any internal priority legislation of such countries, and we further agree upon the request of said assignee, its successors, legal representatives and assigns to execute any and all documents that shall be required to be executed in connection with any and all applications for foreign Letters Patent therefor, including the prosecution thereof, and to execute any and all documents necessary to invest title in said foreign applications and patents in said assignee.

WITNESS our hand and seal.

<p>Inventor Name: <u>FRANCIS MICHON</u></p> <p>Date: <u>12 Dec 03</u> Signature: <u>[Signature]</u></p> <p>State of: <u>Maryland</u></p> <p>County of: <u>Prince George</u></p> <p>On <u>12/12/03</u> before me, <u>LINDA WHEELER</u> (Notary Public), personally appeared <u>Francis Michon</u> personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.</p> <p>WITNESS my hand and official seal.</p> <p>Notary Signature: <u>Linda M. Wheeler</u></p> <p>(Seal)</p>	<p>Inventor Name: <u>JOHN KIM</u></p> <p>Date: <u>12 Dec 03</u> Signature: <u>[Signature]</u></p> <p>State of: <u>MARYLAND</u></p> <p>County of: <u>PRINCE GEORGE</u></p> <p>On <u>12/12/03</u> before me, <u>LINDA WHEELER</u> (Notary Public), personally appeared <u>John Kim</u> personally known to me (or proved to me on the basis of satisfactory evidence) to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s) or the entity upon behalf of which the person(s) acted, executed the instrument.</p> <p>WITNESS my hand and official seal.</p> <p>Notary Signature: <u>Linda M. Wheeler</u></p> <p>(Seal)</p>
--	--

LINDA M. WHEELER
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires 9/22/04

LINDA M. WHEELER
NOTARY PUBLIC STATE OF MARYLAND
My Commission Expires 9/22/04

Inventor Name: ARUN SARKAR

Date 11th Dec 2003 Signature Arun Sarkar

State of Maryland
County of Montgomery

On Dec 11, 2003 before me, Cecilia C. Culwell
(Notary Public), personally appeared Arun Sarkar,
personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me
that he/~~she~~/they executed the same in his/~~her~~/their authorized
capacity(ies), and that by his/~~her~~/their signature(s) on the
instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Signature Cecilia H. Culwell

(Seal)

My Commission
Expires on June 1, 2005.

Inventor Name: CATHERINE UITZ

Date _____ Signature _____

State of _____
County of _____

On _____ before me, _____
(Notary Public), personally appeared Catherine Uitz,
personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me
that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the
instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Signature _____

(Seal)

Inventor Name: ARUN SARKAR

Date _____ Signature _____

State of _____

County of _____

On _____ before me, _____
(Notary Public), personally appeared Arun Sarkar,
personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me
that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the
instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Signature _____

(Seal)

Inventor Name: CATHERINE UITZ

Date 12 DEC 03 Signature Catherine Uitz

State of Maryland

County of Montgomery

On Dec 12, 2003 before me, Jane Barrett
(Notary Public), personally appeared Catherine Uitz,
personally known to me (or proved to me on the basis of
satisfactory evidence) to be the person(s) whose name(s) is/are
subscribed to the within instrument and acknowledged to me
that he/she/they executed the same in his/her/their authorized
capacity(ies), and that by his/her/their signature(s) on the
instrument the person(s), or the entity upon behalf of which the
person(s) acted, executed the instrument.

WITNESS my hand and official seal.

Notary Signature Jane Barrett

(Seal)

JANE BARRETT
NOTARY PUBLIC
My Commission Expires
MAY 1, 2004